

# Milliman Webinar Series

## ICD-10 Critical Success Factors

### Session 4

#### Factor # 8 Effective Use of Available Tools

*Presented by:*

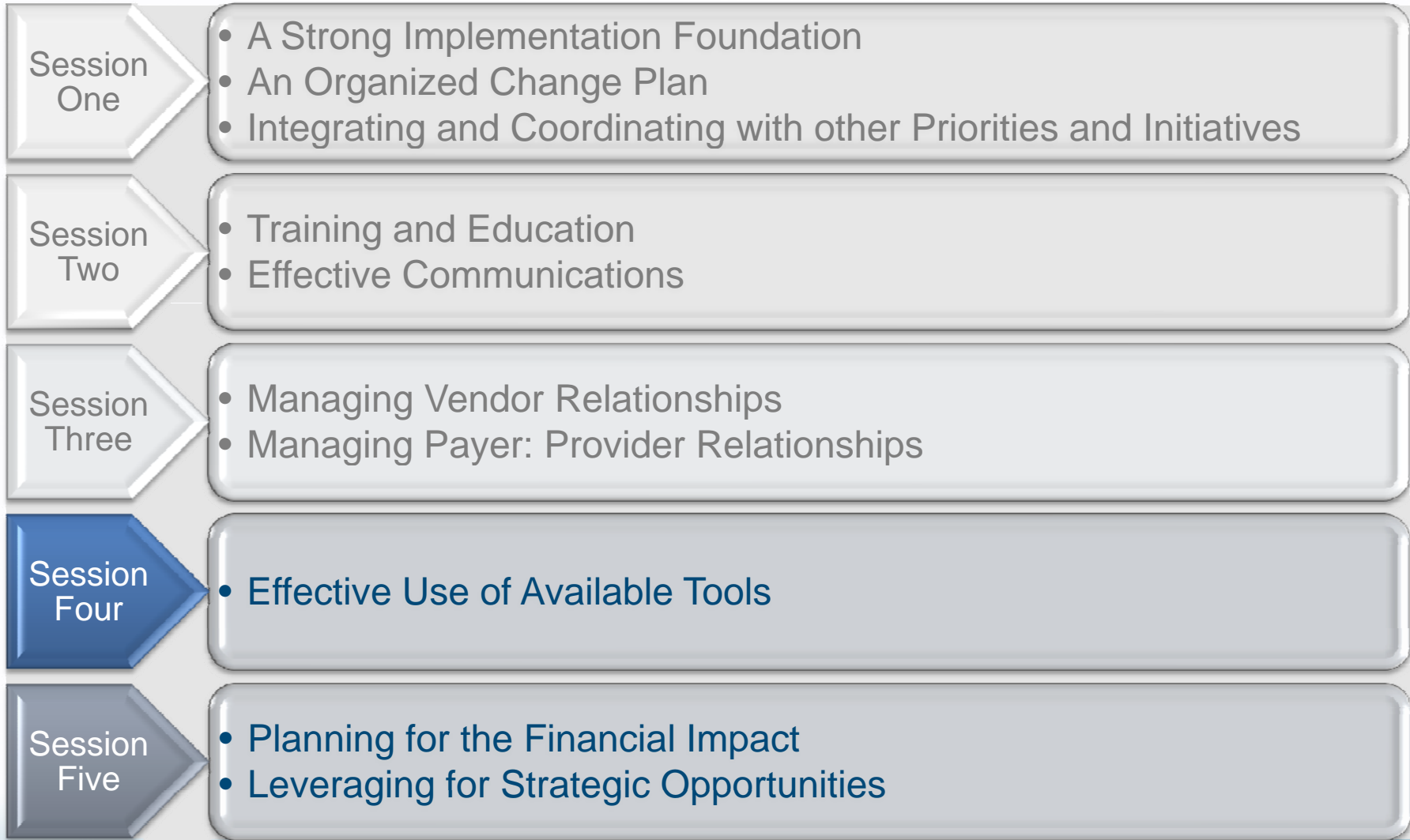
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**February 9, 2010**

# “Housekeeping”

- If you have any trouble with the Webinar, press \*0 at any time
- A recording of the session will be available within a few days
- Everyone’s lines are muted
- Please type questions at any time
  - Questions will be visible only to the Presenters
  - Presenters will take some time at the end of the session to respond to questions submitted

# Ten Critical Success Factors



# Session # 4 Objective

- Help participants to:
  - Understand the tools that are available
  - Develop an approach to tool use
  - Use tools to bring about the intended change
  - Select appropriate tools

## **Tool:** \tül\ *noun*

- 1. A device or implement used to carry out a particular function.**
- 2. A thing used to help perform a job.**

# Publically Available ICD-10 Tools

- Public domain tools and converted systems

Tools	Description
ICD-10 CM & PCS Index and Tabular listing	Electronic file of ICD-10 codes
General Equivalency Mappings (GEM) ICD-10-CM ↔ ICD-9-CM ICD-10-PCS ↔ ICD-9-CM	Lists all plausible translations
Reimbursement mapping guides and tables	For each ICD-10 CM/ PCS code, identifies a single ICD-9 translation
ICD-10 MS-DRGs	ICD-10 code listing for each MS-DRG

- Commercially available tools

- Assessment
- Education and training
- Translation

# October 1, 2013 Processing Choices

		Transition	Conversion
Process	Preparation	Develop ICD-10 ↔ ICD-9 maps Develop production workflows	Develop ICD-10 ↔ ICD-9 maps Convert processes to ICD-10
	Implementation	Receive ICD-10 & map to ICD-9 Process with ICD-9 Store ICD-10s billed/ICD-9s used	ICD-10 processing Store ICD-10s billed and used
	Post Implementation	Analyze ICD-10 data Test ICD-10 optimization options	Analyze ICD-10 data Test ICD-10 optimization options
Benefits		‘Bridge’ system transitions Convert over longer time period Fewer immediate policy changes	Can realize immediate value in more precise ICD-10 codes One step processing
Concerns		Mapping slows processing No potential immediate value in more precise ICD-10 codes Risk in ICD-10 to ICD-9 mapping not the same as ICD-9 billing ICD-9 codes will not be updated Significant storage needed	Risk in changing processing without knowing which ICD-10 codes will be billed May need to modify previously modified applications

## Mapping Options to Get to Your Processing Choice

Approach	Description	Benefits/ Uses	Risks/ Limitations
<b>GEM Search and Replace</b>	Auto map codes using GEMs	Useful in mapping broad service categories Little administrative effort needed	Unable to be used in processes using precise codes
<b>Purpose built map (Replace &amp; Refine)</b>	Auto map codes with 1:1 relationship 'Custom map' complex codes	Mitigate risk in situations of more precise coding Moderate administrative effort	Complex mapping decisions may need to vary by process Multiple maps may be confusing Code compromises will be made and may have a financial impact Need to refine processes after gaining ICD-10 experience
<b>Optimize</b>	Revise processes based on I-10	Take advantage of more specific codes to identify populations/ refine payment	Significant administrative effort May need to revise further based on experience Need to manage expectations

# Some “Gems” about the GEMs

## ICD-10 to ICD-9 GEMs

- Plausible ICD-9 translations of the ICD-10 codes based on the meaning of the ICD-10 codes
- An entry for every ICD-10 code
- Only those ICD-9 codes included in a plausible translation
- Not all ICD-10-CM/PCS codes have an ICD-9 match
- Includes new ICD-10 concepts that are not found in ICD-9

## ICD-9 to ICD-10 GEMs

- Plausible ICD-10 translations of the ICD-9 codes based on the meaning of the ICD-9 codes
- An entry for every ICD-9 code
- Only those ICD-10 codes included in a plausible translation
- All ICD-9 to ICD-10-PCS maps are considered approximate



# Uses of the GEMs

- ICD-10 to ICD-9 GEM (Backward Mapping)
  - Convert ICD-9 based systems or applications to ICD-10 based applications (using a reverse lookup)
  - Create one-to-one backwards mappings from incoming ICD-10 based records to ICD-9 based legacy systems
- ICD-9 to ICD-10 (Forward Mapping)
  - To migrate ICD-9 historical data to an ICD-10 based representation for comparable longitudinal analysis
  - Create ICD-10 based test records from a repository of ICD-9 based test records

# GEM Conversion Complexities

- New concepts in ICD-10, not present in ICD-9
- No matching code in the GEMS
- Multiple ICD-9 codes represented by one ICD-10 code
- Multiple ICD-10 codes represented by one ICD-9 code
- Intentional refinement / improvement of a process or application

# ICD-9 to ICD-10 GEM Alone is Not Useful in ICD-9 Application Conversion

- Plausible translation does NOT mean all possible translations
- ICD-9 to ICD-10 GEMS provide plausible translations of the ICD-9 codes to ICD-10 based on the meaning of the ICD-9 codes
- For example
  - If an ICD-9 code does not include a specific concept (e.g. left and right) then the code would translate in the ICD-9 to ICD-10 GEM to the unspecified ICD-10 choice and not include ICD-10 codes with laterality
  - Looking up the meaning of the ICD-9 codes in the ICD-9 to ICD-10 GEM and simply replacing them with their ICD-10 counterparts would exclude all of the more specific ICD-10 codes in the converted application

# GEM Mapping Terms of Endearment

- **Forward mapping:** mapping from ICD-9 to ICD-10 GEMs
  - **Backward mapping:** mapping from ICD-10 to ICD-9 GEMS
  - **Source system:** the code set being mapped 'from'
  - **Target system:** the code set being mapped 'to'
  - **Reverse lookup:** using a GEM to look up a target system code to see all the codes in the source system that translate to it
    - For example - using the target ICD-9 code in the ICD-10 to ICD-9 GEM to find all the ICD-10 source codes that translate to the specified ICD-9\*
- \* Note: Remember, not all ICD-9 codes match to an ICD-10 code, so the ICD-9 code may not appear on the ICD-10 to ICD-9 GEM

# GEMs

- The source system code is listed on a new row as many times as there are alternatives in the target system
- Single Entry
  - The source code is linked to one target system code option
  - Could be more than one code option ( $a = b$  or  $c$ ) in the GEM
- Combination Entry
  - Two or more target system codes are needed to meet the meaning of one source system code ( $a = b + c$ ) in the GEM
    - Chronic condition with an acute manifestation
    - An acute condition and its external cause
    - Two acute conditions found together

# Combination Entry Example

- Two or more target system codes are needed to meet the meaning of one source system code
- ICD-10 to ICD-9 example:

**I-10 to I-9 CM Example**

R6521 99592 10111

R6521 78552 10112

Source (ICD-10): Severe Sepsis with Septic Shock

ICD-10 Code	ICD-10 Code Description	ICD-9 Code	ICD-9 Code Description	Approximate Flag	No Map Flag	Combination Flag	Scenario	Choice List
R6521	Severe sepsis with septic shock	99592	Severe sepsis	1	0	1	1	1
R6521	Severe sepsis with septic shock	78552	Septic shock	1	0	1	1	2

## No match

ICD-9 Code	ICD-9 Code Description	ICD-10 Code	ICD-10 Code Description	Approximate Flag	No Map Flag	Combination Flag	Scenario	Choice List
E8710	Foreign object left in body during surgical operation	NoDx		1	1	0	0	0

## One to One Precise match (a = b)

7840	Headache	R51	Headache	0	0	0	0	0
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## Multiple choice of single codes (a = b or c)

38532	Cholesteatoma of middle ear	H7440	Polyp of middle ear, unspecified ear	1	0	0	0	0
38532	Cholesteatoma of middle ear	H7113	Cholesteatoma of tympanum, bilateral	1	0	0	0	0

## 1: Combination code (a = b + c)

ICD-9 Code	ICD-9 Code Description	ICD-10 Code	ICD-10 Code Description	Approximate Flag	No Map Flag	Combination Flag	Scenario	Choice List
2903	Senile dementia with delirium	F03	Unspecified dementia	1	0	1	1	1
2903	Senile dementia with delirium	F05	Delirium due to known physiological condition	1	0	1	1	2

## Multiple choice of code combinations (a = (b + c) or (d + e))

75435	Congenital disloc of 1 hip w/ sublux of other	Q6501	Congenital dislocation of right hip	1	0	1	1	1
75435	Congenital disloc of 1 hip w/ sublux of other	Q6532	Congenital partial dislocation of left hip	1	0	1	1	2
75435	Congenital disloc of 1 hip w/ sublux of other	Q6502	Congenital dislocation of left hip	1	0	1	2	1
75435	Congenital disloc of 1 hip w/ sublux of other	Q6531	Congenital partial dislocation of right hip	1	0	1	2	2



# Backwards and Forwards Translations are Not Equal

## ICD-9 to ICD-10-CM Translation of Septic Shock is One to One

78552	Septic shock	R6521	Severe sepsis with septic shock
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## ICD-10-CM Translation of the Same Code Back to ICD-9 Requires a Code Combination

R6521	Severe sepsis with septic shock	99592	Severe sepsis AND
		78552	Septic shock

# ICD-9 to ICD-10 Diagnosis Translation

- Correlation between codes is close in some areas-where the two code sets share common organization
  - Many infectious disease, neoplasm, eye, and ear codes
- Other areas, whole chapters are organized differently
  - ICD-9 by episode of care vs. ICD-10 by stage of pregnancy

## I-10 Description

O26.851 Spotting complicating pregnancy, first trimester

O26.852 Spotting complicating pregnancy, second trimester

O26.853 Spotting complicating pregnancy, third trimester

O26.859 Spotting complicating pregnancy, unspecified trimester

## I-9 Description

649.50 Spotting complicating pregnancy, unspecified episode of care

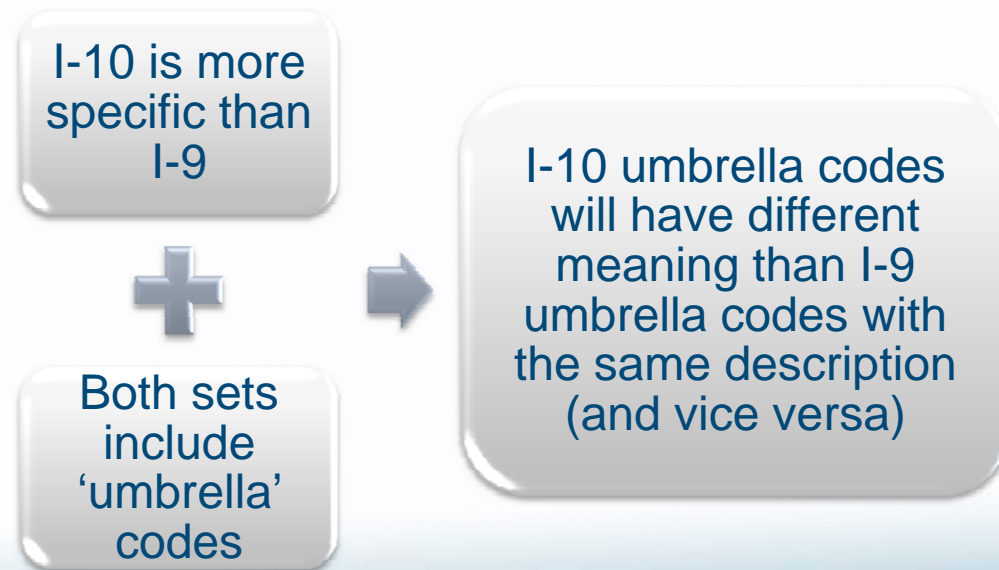
649.51 Spotting complicating pregnancy, delivered

649.53 Spotting complicating pregnancy, antepartum

# Umbrella Codes

Not elsewhere classified/ NEC/ 'Other'  
(e.g., 733.95 Stress fracture of other bone )

Not otherwise specified/ NOS/ 'unspecified'  
(e.g., 003.9 Salmonella infection, unspecified)



# Some ICD-9 codes are more Specific than ICD-10

## ICD-10-CM

O04.81 Shock following (induced) termination of pregnancy

## ICD-9-CM

635.50 Legally induced abortion, complicated by shock, unspecified

635.51 Legally induced abortion, complicated by shock, incomplete

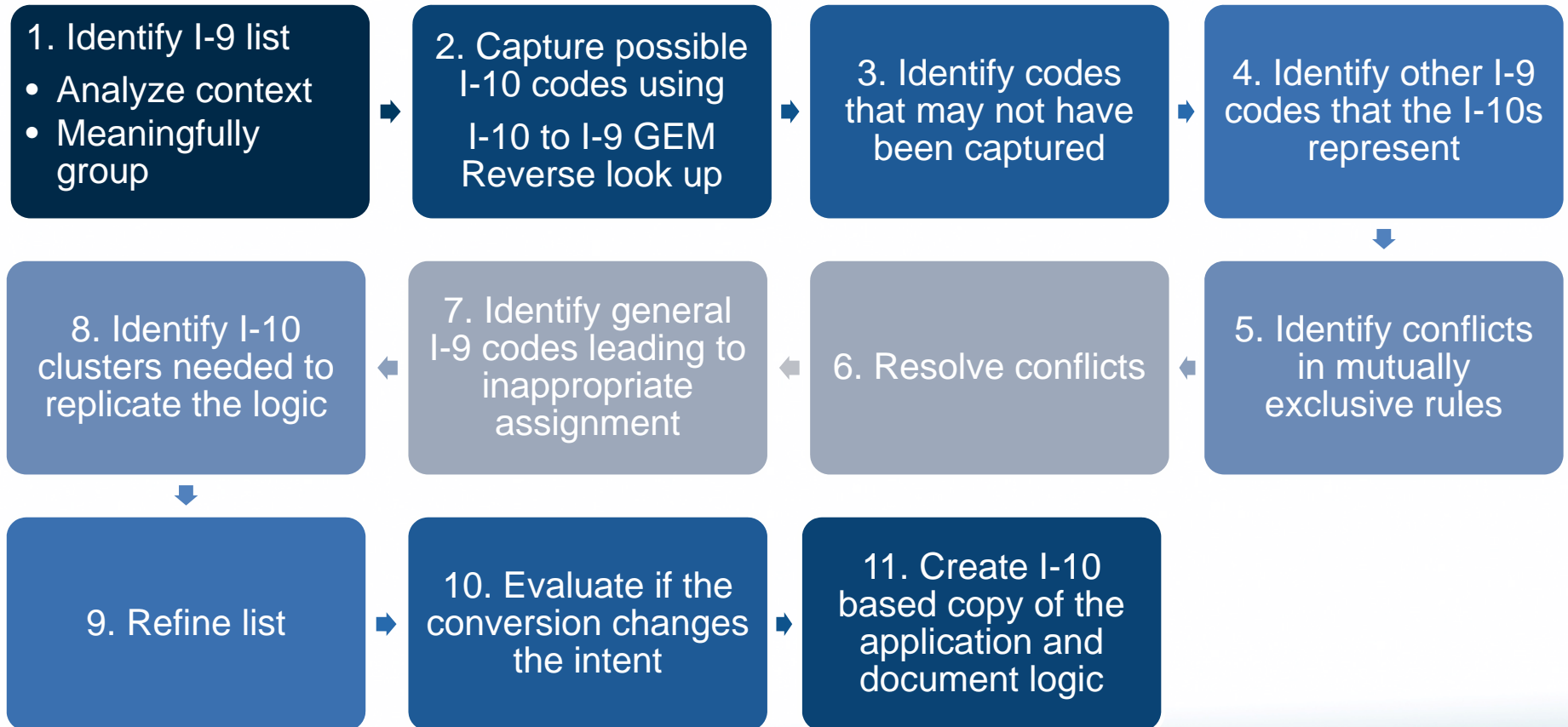
635.52 Legally induced abortion, complicated by shock, complete

636.50 Illegal abortion, complicated by shock, unspecified

636.51 Illegal abortion, complicated by shock, incomplete

636.52 Illegal abortion, complicated by shock, complete

# Application Conversion Approach



# Analyze Context

- What is the intent of the source codes?
  - Identify a clinically homogenous population?
  - Differentiate severity of illness?
- What criteria were used to select ICD-9 codes?
  - Specificity or precision of the code to distinguish condition severity or costs?
  - Represent high prevalence conditions or services?
- What limitations exist in how the source codes are used?
  - Mutually exclusive categories?
  - Logic does not accommodate combination codes?
  - Cross-reference diagnoses and procedures?
- What is the goal of the conversion?
  - Replace
  - Optimize / Refine

## Partial Content abatacept (Orencia) Medical Policy

### **Medically necessary** for:

- Adult members 18 + years with moderately to severely active RA
- Persons aged 6 + years with moderate or severely active polyarticular juvenile RA (juvenile idiopathic arthritis)

### **Experimental and investigational** for:

- Graft versus host disease
- Multiple sclerosis
- Takayasu's arteritis
- Psoriatic arthropathy
- Systemic lupus erythematosus
- Uveitis associated with Behcet's disease
- Other non FDA-approved indications

### **ICD-9 codes covered** if criteria met:

- 714.0-714.2 Rheumatoid arthritis [adults only]
- 714.30-714.31 Polyarticular juvenile RA [moderate or severely active for age 6 years and older]

### **ICD-9 codes not covered:**

- 136.1 Behcet's syndrome
- 279.50 - 279.53 Graft-versus-host disease
- 340 Multiple sclerosis
- 446.7 Takayasu's Disease [Takayasu's arteritis]
- 696.0 Psoriatic arthropathy
- 710.0 Systemic lupus erythematosus
- 714.32 Pauciarticular juvenile RA
- 714.33 Monoarticular juvenile RA

## 1. Identify I-9 list

- Analyze context
- Meaningfully group

## Analyze Context

- Severity (multiple joints) differentiates coverage in some
- Mutually exclusive categories of covered and not covered codes
- Goal is to optimize use of ICD-10

## Meaningfully Group

- List 1 Covered diagnoses (mutually exclusive of list 2)
  - Adult
    - 7140 Rheumatoid arthritis
    - 7141 Felty's syndrome
    - 7142 Other RA with visceral or systemic involvement
    - 7142 Other RA with visceral or systemic involvement
  - Age 6 or over
    - 71430 Polyarticular juvenile RA, chronic or unspecified
    - 71431 Polyarticular juvenile RA, acute
- List 2 Excluded diagnoses (mutually exclusive of list 1)
  - 71432 Pauciarticular juvenile RA
  - 71433 Monoarticular juvenile RA



ICD-9 Target Code	ICD-10 Source Code (Reverse look up) * 23 codes - unspecified, multiple, specific sites, laterality
<p>7140 Rheumatoid arthritis</p> <div data-bbox="142 305 604 587" style="background-color: #003366; color: white; padding: 10px; border-radius: 10px; width: fit-content;"> <p><b>2. Capture possible I-10 codes using I-10 to I-9 GEM Reverse look up</b></p> </div>	<p>M0540 – M0549* Rheumatoid myopathy w/ RA  M0550 – M0559* Rheumatoid polyneuropathy w/ RA  M0570 – M0579* RA w/ rheumatoid factor w/o organ or systems involvement  M0580 – M0589* Other RA w/ rheumatoid factor  M059 RA w/ rheumatoid factor  M0600 – M0609* RA w/o rheumatoid factor  M061 Adult-onset Still's disease  M0620 – M0629* Rheumatoid bursitis  M0630 – M0639* Rheumatoid nodule</p>
	<p>M0680 – M0689* Other specified RA  M069 RA unspecified</p>
<p>7141 Felty's syndrome</p>	<p>M0500 – M0509* Felty's</p>
<p>7142 Other RA w/ visceral or systemic involvement</p>	<p>M0520 – M0529* Rheumatoid vasculitis w/ RA  M0530 – M0539* Rheumatoid heart disease w/ RA  M0560 – M0569* RA w/ involvement of other organs and systems</p>
<p>71430 Polyarticular juvenile RA, chronic or unspecified</p>	<p>M0800 – M0809* Unspecified juvenile RA  M0820 – M0829* Juvenile RA w/ systemic onset  M083 Juvenile rheumatoid polyarthritis (seronegative)  M0880 – M0889* Other juvenile arthritis  M0890 – M0899* Juvenile arthritis, unspecified</p>
<p>71431 Polyarticular juvenile RA, acute</p>	<p>(Not a target code )</p>
<p>71432 Pauciarticular JRA</p>	<p>M0840 – M0848* Pauciarticular juvenile RA</p>
<p>71433 Monoarticular juvenile RA</p>	

M0510	Rheumatoid lung disease w/ RA of unspecified site		
M05111	Rheumatoid lung disease w/ RA of right shoulder		
M05112	Rheumatoid lung disease w/ RA of left shoulder		
M05119	Rheumatoid lung disease w/ RA of unspec shoulder	71481	Rheumatoid lung
M05121	Rheumatoid lung disease w/ RA of right elbow	71481	Rheumatoid lung
M05122	Rheumatoid lung disease w/ RA of left elbow	71481	Rheumatoid lung
M05129	Rheumatoid lung disease w/ RA of unspecified elbow	71481	Rheumatoid lung
M05131	Rheumatoid lung disease w/ RA of right wrist	71481	Rheumatoid lung
M05132	Rheumatoid lung disease w/ RA of left wrist	71481	Rheumatoid lung
M05139	Rheumatoid lung disease w/ RA of unspecified wrist	71481	Rheumatoid lung
M05141	Rheumatoid lung disease w/ RA of right hand	71481	Rheumatoid lung
M05142	Rheumatoid lung disease w/ RA of left hand	71481	Rheumatoid lung
M05149	Rheumatoid lung disease w/ RA of unspecified hand	71481	Rheumatoid lung
M05151	Rheumatoid lung disease w/ RA of right hip	71481	Rheumatoid lung
M05152	Rheumatoid lung disease w/ RA of left hip	71481	Rheumatoid lung
M05159	Rheumatoid lung disease w/ RA of unspecified hip	71481	Rheumatoid lung
M05161	Rheumatoid lung disease w/ RA of right knee	71481	Rheumatoid lung
M05162	Rheumatoid lung disease w/ RA of left knee	71481	Rheumatoid lung
M05169	Rheumatoid lung disease w/ RA of unspecified knee	71481	Rheumatoid lung
M05171	Rheumatoid lung disease w/ RA of right ankle and foot	71481	Rheumatoid lung
M05172	Rheumatoid lung disease w/ RA of left ankle and foot	71481	Rheumatoid lung
M05179	Rheumatoid lung disease w/ RA of unspec ankle & foot	71481	Rheumatoid lung
M0519	Rheumatoid lung disease w/ RA of multiple sites	71481	Rheumatoid lung

**3. Identify codes that may not have been captured**

## ICD-9 253.3 is in the Hierarchical Condition Category (HCC) list

4. Identify other ICD-9 codes that the ICD-10s represent

### ICD-10 to ICD-9 GEM Reverse Look Up

ICD-10 Source Code		ICD-9 Target Code	
E230	Hypopituitarism	2533	Pituitary dwarfism

### ICD-10 to ICD-9 GEM Look Up Additional Codes

ICD-10 Source Code		ICD-9 Target Code	
E230	Hypopituitarism	2532	Panhypopituitarism
E230	Hypopituitarism	6281	Infertility, female, of pituitary-hypothalamic origin

## 5. Identify conflicts in mutually exclusive rules

## 6. Resolve conflicts

One ICD-10 related to multiple ICD-9s and the ICD-9s are on mutually exclusive lists

Example: HCC includes pituitary dwarfism only

ICD-10 Source Code		ICD-9 Target Code	
E230	Hypopituitarism	2533	Pituitary dwarfism
E230	Hypopituitarism	2532	Panhypopituitarism
E230	Hypopituitarism	6281	Infertility, female, of pituitary-hypothalamic origin

How to decide:

1. Clinical relevance to the purpose of the code set being converted
2. Potential financial impact
3. Historical frequency of code use

7. Identify general ICD-9 codes leading to inappropriate assignment

# General ICD-9 codes

Overly broad ICD-9 codes cannot be replaced with all the associated equivalent I-10 codes in cases where the list assignment is anatomically specific

ICD-9 Code	ICD-10-PCS
92.27 Implantation Or Insertion Of Radioactive Elements	<p>Associated with 261 PCS codes specifying <u>body part, approach and device</u></p> <p>08H0X1Z Insertion of Radioactive Element into Right Eye, External Approach</p> <p>0BHL01Z Insertion of Radioactive Element into Left Lung, Open Approach</p> <p>0HHU31Z Insertion of Radioactive Element into Left Breast, Percutaneous Approach</p>

# Code Clusters

8. Identify ICD-10 clusters needed to replicate the logic

Need both ICD-10 S020xxA and S06333A or S06334A to replicate ICD-9 29.03

ICD-9 Code	ICD-9 Code Description	ICD-10 Code	ICD-10 Code Description	Approximate Flag	No Map Flag	Combination Flag	Scenario	Choice List
80013	Closed fracture of vault of skull with cerebral laceration and contusion, with moderate [1-24 hours] loss of consciousness	S020xxA	Fracture of vault of skull, initial encounter for closed fracture	1	0	1	1	1
80013	Closed fracture of vault of skull with cerebral laceration and contusion, with moderate [1-24 hours] loss of consciousness	S06333A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	1	0	1	1	2
80013	Closed fracture of vault of skull with cerebral laceration and contusion, with moderate [1-24 hours] loss of consciousness	S06334A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter	1	0	1	1	2

# Combination Codes on the ICD-9 to ICD-10 GEM

8. Identify ICD-10 combination codes needed to replicate the logic

ICD-9 Code	ICD-9 Code Description	ICD-10 Code	ICD-10 Code Description	Approximate Flag	No Map Flag	Combination Flag	Scenario	Choice List
7140	Rheumatoid arthritis	M069	RA, unspecified	1	0	0	0	0
7141	Felty's syndrome	M0500	Felty's syndrome, unspec site	1	0	0	0	0
7142	Other RA w/ visceral or systemic involvement	M0530	Rheumatoid heart disease w/ RA of unspec site	1	0	0	0	0
7142	Other RA w/ visceral or systemic involvement	M0560	RA of unspec site w/ involvement of other organs and systems	1	0	0	0	0
71430	Polyarticular JRA, chronic or unspec	M0800	Unspecified JRA of unspec site	1	0	0	0	0
71431	Polyarticular JRA, acute	M083	Juvenile rheumatoid polyarthritis (seronegative)	1	0	0	0	0
71432	Pauciarticular JRA	M0840	Pauciarticular JRA, unspec site	1	0	0	0	0
71433	Monoarticular JRA	M0840	Pauciarticular JRA, unspec site	1	0	0	0	0

## ICD-10 Source (Reverse look up)

\* 23 codes - unspecified, multiple, specific sites, laterality

M0510 – M0519\* Rheumatoid lung disease w/ RA

M0540 – M0549\* Rheumatoid myopathy w/ RA

M0550 – M0559\* Rheumatoid polyneuropathy w/ RA

M0570 – M0579\* RA w/ rheumatoid factor w/o organ or systems involvement

M0580 – M0589\* Other RA w/ rheumatoid factor

M059 RA w/ rheumatoid factor

M0600 – M0609\* RA w/o rheumatoid factor

M061 Adult-onset Still's disease

M0620 – M0629\* Rheumatoid bursitis

M0630 – M0639\* Rheumatoid nodule

M0680 – M0689\* Other specified RA

M069 RA unspecified

M0500 – M0509\* Felty's

M0520 – M0529\* Rheumatoid vasculitis w/ RA

M0530 – M0539\* Rheumatoid heart disease w/ RA

M0560 – M0569\* RA w/ involvement of other organs and systems

**M0809 Unspecified juvenile RA, more than 4 specific sites?**

M0820 – M0829\* Juvenile RA w/ systemic onset

M083 Juvenile rheumatoid polyarthritis (seronegative)

~~M0880 – M0889\* Other juvenile arthritis~~

~~M0890 – M0899\* Juvenile arthritis, unspecified~~

M0840 – M0848\* Pauciarticular juvenile RA

### 9. Refine list

- Final code selection



**10. Evaluate if the conversion changes the intent**

**Medically necessary for:**

- Adult members 18 + years with moderately to severely active RA
- Persons aged 6 + years with moderate or severely active polyarticular juvenile RA (juvenile idiopathic arthritis)

**ICD-9 Codes not on ICD-10 to ICD-9:**

- 71431 Polyarticular juvenile RA, acute (coverage)
- 71433 Monoarticular juvenile RA (non coverage)

Codes where significant change in meaning:

**ICD-9 codes covered if selection criteria met:**

–Adults only

- M0510 – M0519\* Rheumatoid lung disease w/ RA
- M0540 – M0549\* Rheumatoid myopathy w/ RA
- M0550 – M0559\* Rheumatoid polyneuropathy w/ RA
- M0570 – M0579\* RA w/ rheumatoid factor w/o organ or systems involvement
- M0580 – M0589\* Other RA w/ rheumatoid factor
- M059 RA w/ rheumatoid factor
- M0600 – M0609\* RA w/o rheumatoid factor
- M061 Adult-onset Still's disease
- M0620 – M0629\* Rheumatoid bursitis
- M0630 – M0639\* Rheumatoid nodule
- M0680 – M0689\* Other specified RA
- M069 RA unspecified
- M0500 – M0509\* Felty's

–Age 6 years and older

- M0520 – M0529\* Rheumatoid vasculitis w/ RA
- M0530 – M0539\* Rheumatoid heart disease w/ RA
- M0560 – M0569\* RA w/ involvement of other organs and systems....

# Partial Content abatacept (Orencia) Medical Policy

11. Create ICD-10 based copy of the application and document logic

## Medically necessary for:

- Adult members 18 + years with moderately to severely active RA
- Persons aged 6 + years with moderate or severely active polyarticular juvenile RA (juvenile idiopathic arthritis)

1. The presence of RA alone in adults is adequate for coverage regardless of the location
2. Any systemic disease over age 6 is adequate for coverage regardless of the location
3. ....

## ICD-9 codes covered if selection criteria met:

### –Adults only

- M0510 – M0519\* Rheumatoid lung disease w/ RA
- M0540 – M0549\* Rheumatoid myopathy w/ RA
- M0550 – M0559\* Rheumatoid polyneuropathy w/ RA
- M0570 – M0579\* RA w/ rheumatoid factor w/o organ or systems involvement
- M0580 – M0589\* Other RA w/ rheumatoid factor
- M059 RA w/ rheumatoid factor
- M0600 – M0609\* RA w/o rheumatoid factor
- M061 Adult-onset Still's disease
- M0620 – M0629\* Rheumatoid bursitis
- M0630 – M0639\* Rheumatoid nodule
- M0680 – M0689\* Other specified RA
- M069 RA unspecified
- M0500 – M0509\* Felty's

### –Age 6 years and older

- M0520 – M0529\* Rheumatoid vasculitis w/ RA
- M0530 – M0539\* Rheumatoid heart disease w/ RA
- M0560 – M0569\* RA w/ involvement of other organs and systems....

# ICD-10 MS-DRG Conversion Process

- Tested how well the GEMs work
- Modified / refined the GEMs based on findings
- Goal: generate payment equivalency
  - Same patient
  - Same conditions / services
  - Assigned to the same payment group
- Resources
  - Programmers
  - Clinical Coders
  - Analysts
  - Clinicians

# ICD-10 MS DRG Challenges / Conflicts

1. One ICD-10 code, assigned to more than one ICD-9 code, each assigned to different MS-DRGs
2. Overly broad ICD-9 codes
  - assigned to multiple DRGs
  - translated to extensive lists of anatomically specific ICD-10 codes
3. One ICD-10 code assigned to one complication/ comorbidity (CC) and one major complication/ comorbidity (MCC) code or no MCC/CC code
4. One ICD-10 code that includes a CC or MCC
5. Multiple ICD-10 codes (cluster) required to replicate a single ICD-9 code
6. ICD-10 codes with no ICD-9 code translation

# ICD-10 MS-DRG Compromises

- Coding Conflicts
  - ICD-10 code assigned to more than one ICD-9 code, each assigned to different MS-DRGs
  - ICD-10 code assigned to more than one mutually exclusive list: with MCC, with CC and/or without MCC / CC
- MedPar and California inpatient frequency data to resolve conflicts
  - Not automated
  - Decisions reviewed
  - In some cases, insufficient data to determine highest frequency

# ICD-10 MS-DRG Conversion Potential Impact

- Financial Implications
  - Incomplete coding may impact DRG assignment
  - Coding conflicts resolved by assigning to the higher frequency DRG may compromise reimbursement
  - ICD-10 codes for new concepts without an ICD-9 translation now assigned to a medical MS-DRG
  - Expect further refinement to DRG assignment and reimbursement based on more discrete ICD-10 detail
  - As national data improves anticipate further modifications

# Reimbursement Mappings

- Provide a temporary reliable mechanism for mapping ICD-10 to reimbursement equivalent ICD-9 codes
  - Interim measure while systems are being converted
- Indicates which ICD-9 code or cluster is the most appropriate choice for reimbursement

0LQ70ZZ – Repair Right Hand Tendon, Open

83.61 – Suture of tendon sheath OR  
83.64 – Other suture of tendon

02733ZZ – Dilation of Coronary Artery, 4 or more sites, Percutaneous Approach

00.66 – PTCA or coronary atherectomy, AND  
00.43 – Procedure on 4 or more vessels

- Separate files, not part of the GEM files
  - Diagnosis code reimbursement mapping
  - Procedure code reimbursement mapping

# Reimbursement Mappings Development

- Started with the ICD-10 to ICD-9 GEMs
- No additional review where an ICD-10 translates to one ICD-9
  - 95% of ICD-10 CM codes
  - 97% of ICD-10 PCS codes
- Where an ICD-10 code translates to more than one ICD-9 code
  - Used historical ICD-9 code frequency data
    - Used MedPAR and California (for newborn and OB codes) data
    - Vast majority of cases there was a clear dominant code
    - In rare cases, clinical review was needed to make the final choice

ICD-10 code	ICD-9 Alternatives	MedPAR	Calif.	Map
3E0B7KZ Introduction of Other Diagnostic Substance into Ear, Via Natural or Artificial Opening	20.72 Injection into inner ear	1	0	X
	20.94 Injection of tympanum	8	1	



# Reimbursement Mapping Distribution

Code set	Mapped to:						Total codes
	Single ICD-9	2-code cluster	3-code cluster	4-code cluster	5-code cluster	6-code cluster	
<b>ICD-10-CM</b>	65,767	3302	26	6	0	0	69,101
<b>ICD-10-PCS</b>	69,657	1211	583	458	36	12	71,957

*I-10-CM/PCS to ICD-9-CM Reimbursement Mappings 2010 Version Documentation and User's Guide*

# Reimbursement Mappings Format

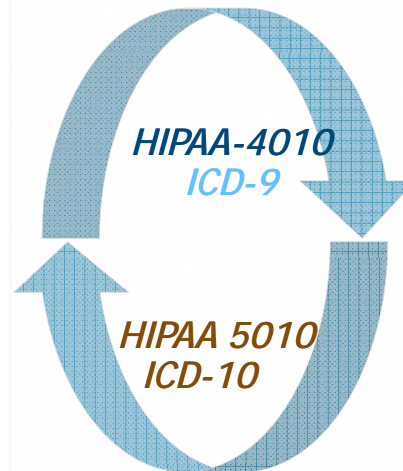
- Accommodate system requirements
  - Reserve space for ICD-9 clusters (4 spaces for diagnostic codes and six spaces for procedure codes)
  - Map ICD-10 principal diagnoses first
- CMS recommends you test the mapping
  - Was developed using Medicare and CA hospital inpatient data
    - Determine if your frequency differs
  - Determine if any ‘essential’ ICD-9 codes are not mapped
    - Follow procedures previously described
    - Substitute the unused ICD-9 code into the Reimbursement Mapping entry or entries found, and document the change as appropriate

# HIPAA 5010 – ICD-10 Assessment and Remediation Tools



## Broad Categories

- Assessment Tools
- Remediation
- Testing
- Training
- Compliance Monitoring and Certification



## Key Benefits

- Quick start; Built-In templates, Libraries
- Significant Reduction in Efforts (~40-50%)
- Higher Accuracy
- Consistent Quality and Artifacts
- Iterative and Progressive Remediation
- Reusability for Testing and Training
- Backward Compatibility

# Tools Functionality



## Impact Assessment

- Manage an Inventory of Transactions, Modules, Reports
- CMS Compliant Mapping Repository and Templates
- Code Analyzer
- Highlight Impacted areas, Remediation recommendations

## Remediation

- Code Remediation; Interim and Permanent fix
- Rules based Data Mapping and Transformation
- Crosswalks
- XML Converters

## Testing

- Pre-packaged Test Scenarios and Test Cases
- Testing of Interfaces – Internal and Trading Partners
- Backward Compatibility – Production and Historical Data
- Reports

# Key Considerations for Tool Selection

## Implementation Strategy

- Interim vs Long Term
- Leverage the mapping, transformation, conversion tools for immediate needs
- Permanent Fix to Application Code, Database and Historic Data
- Outsourcing or In-sourcing of impacted services

## Current Environment

- Application Architecture and Databases
- Vendor Packages and in-house systems
- EDI Generation Tools
- Outsourced Services
- Testing Tools
- Automation of Regression Testing

## Functionality

- Impact Assessment
- Code Fix
- Real-time Transformation
- Testing

## Usability

- Built-in Templates/Libraries, Rules
- Initial Configuration and Customization
- Vendor Support
- Training needs

## Cost

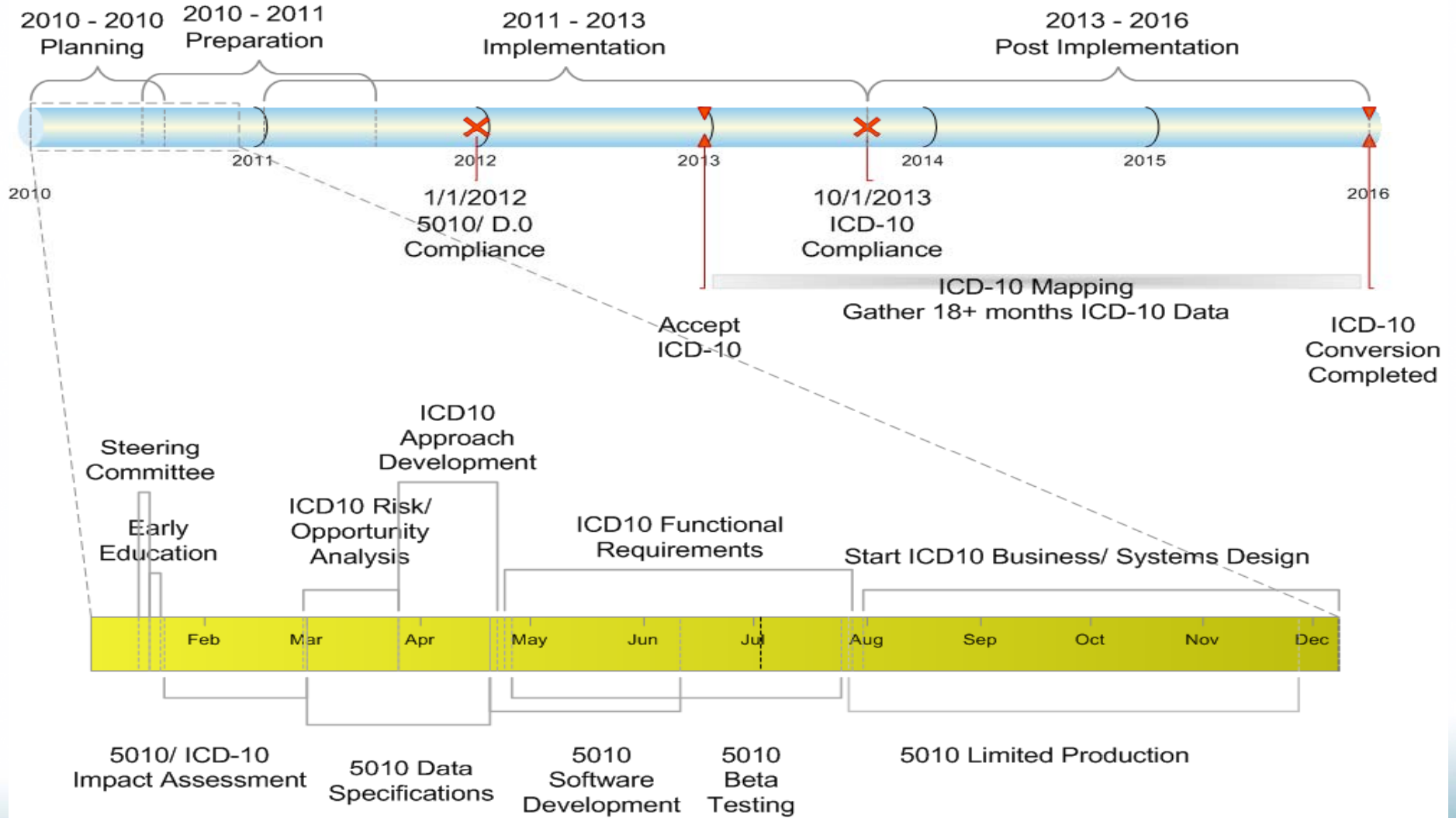
- Initial Installation
- Licenses
- Vendor Support
- Additional Infrastructure

# Additional Information



- Majority of tools available in the market are around HIPAA 5010 Impact Assessment and Remediation; Not many on ICD-10
- Some of the tools support Impact Assessment as well as Testing
- ICD-10 tools primarily focusing on Impact Assessment and Training; No mapping or transformation tools to support end to end remediation
- Some of the tools provide HIPAA Compliant Certification

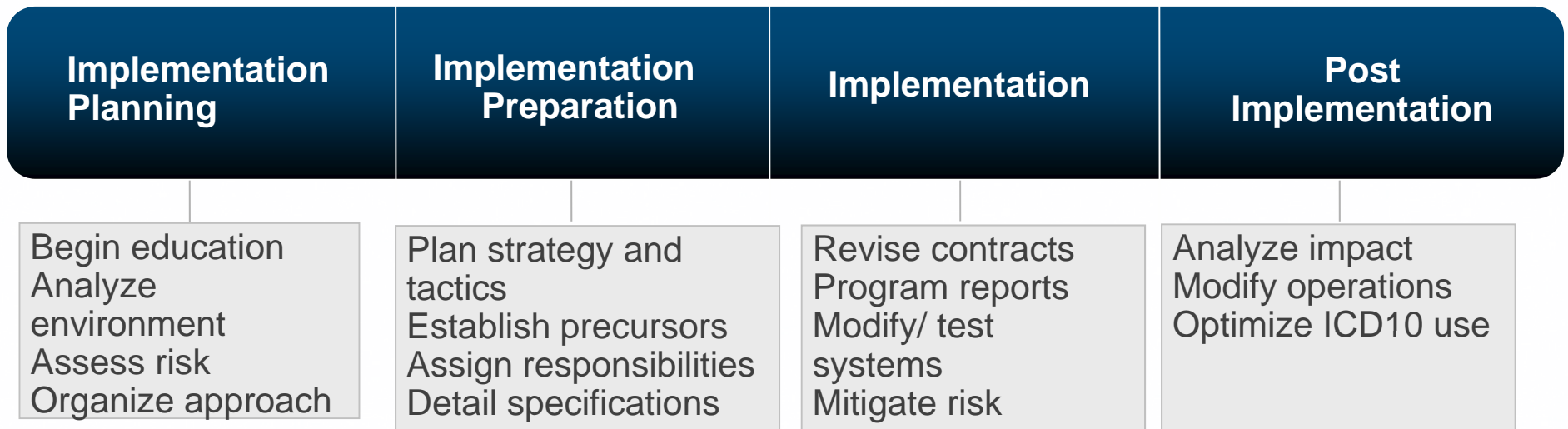
# Implementation Timeline



# Milliman 5010/ ICD-10 Consulting Services

- Assist organizations in understanding the potential effects of 5010/ ICD-10
- Guide early efforts to prepare for 5010/ ICD-10
- Assist operational areas in implementing 5010/ ICD-10 including:

Healthcare analytics    Healthcare management    Provider contracting & management  
Actuarial, finance and underwriting    Claims administration    Information Technology



Milliman website <http://www.milliman.com/expertise/healthcare/services/ICD-10-readiness/>



# Closing Comments

- A recording of the session will be available within a few days
- Upcoming sessions

March 16,  
2010

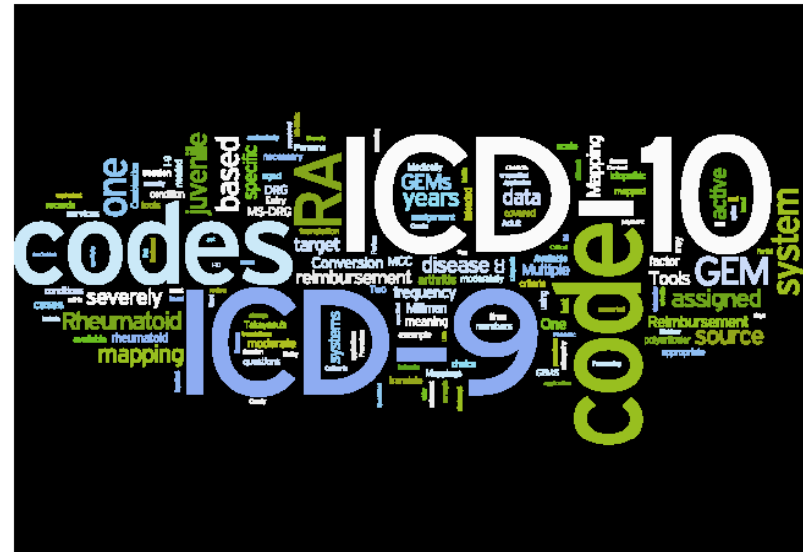
- Plan for the Financial Impact
- Develop Strategic Opportunities

# Questions?

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or your Milliman consultant with any questions or for more information about Milliman's ICD-10 consulting services.



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